

BIG WALNUT

LOCAL SCHOOL DISTRICT

STUDENT REGISTRATION FORM

Today's Date: _____ Enrollment Date: _____ Enrolling Grade: _____ Gender: Male Female

Student Legal Name: _____

Last Name
First Name
Middle Name

Student Address: _____

Street Address
(Subdivision)
(Apt #/Lot#)
City, State, Zip

Mailing Address if different from above: _____

Street Address
(Subdivision)
(Apt.#/Lot#)
City, State, Zip

Age: _____ Date of Birth: _____ Home Phone: _____ SS#: _____

Proof of Residency: Mortgage Deed Rental Agreement Pay Stub (showing BWLSD tax withheld) Utility Bill
(gas, electric, or water)

Ethnicity & Race

Part A. Is this student Hispanic/Latino? (choose only one)

- No, not Hispanic/Latino**
- Yes, Hispanic/Latino** (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of Race)

The above part of the question is about ethnicity, not race. No matter what you selected above, **please continue to answer the following** by marking one or more boxes to indicate what you consider your student's race to be.

Part B. What is the student's race? (choose one or more)

- American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)
- Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian sub-continent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- Black or African American** (A person having origins in any of the black racial groups of Africa).
- Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Checklist/Office Use Only

- Completed Registration
- Birth Certificate
- Verification of Residence
- Legal Papers (Divorce, Separation, Foster Parent, Guardianship)
- Immunization Record
- Social Security Number
- Medical Pack
- Food Service Application

Citizenship Status

- U.S. Citizen
- Exchange Student
- Other/Non-U.S. Citizen

If a student is a Non-U.S. Citizen

Country of origin: _____
 Date entered U.S.: _____
 Date entered Ohio: _____

HOME LANGUAGE SURVEY (must be completed by everyone)

What language did your son/daughter speak when he/she first learned to talk? _____
 What language does your son/daughter use most frequently at home? _____
 What language do you use most frequently to speak to your son/daughter? _____
 What language is most spoken by the adults at home? _____
 How long has your son/daughter attended school in the United States? _____

Office use only: If the answer to any of the first four questions above is a language other than English, indicate the student's native/home language in eSIS and forward a copy of this page to the Special Service Department.

Previous School District Attended: _____

Building: _____

Address: _____
Street Address

City, State, Zip

Phone: _____ Fax: _____

Last Grade Enrolled/Completed: _____

Is your child currently expelled from another any School District? Yes No

Is the child presently under suspension or dismissal for academic or disciplinary reasons from any school? Yes No

STATEMENT OF CUSTODY

(Biological parent information)

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(Biological parent information)

Custody Information/Office Use Only:
Full copy of Custody Judgment
(If Applicable)

Please check any statements that apply

Biological Parents married to each other? Yes No

Parents separated from each other? Yes No

Parents divorced from each other? Yes No

If divorced, from what County _____ State _____

Who has Legal custody of this student? _____

*If a divorce or guardianship situation exists, we must have a certified full copy of the order or decree.
This is per State of Ohio Law (ORC 3313.672) and the Missing Children's Act.*

Parents Deceased? Father Mother

Office Use Only:
District Responsible for Tuition

LEGAL COURT PLACEMENT -Court documents are required to enroll a student.

Name of Placement Agency _____

Case Worker's Name: _____

Foster Parent: _____

Address: _____
Street Address City, State, Zip

Phone #: _____

Cell #: _____

If student is foster placed please provide name and address of biological parents in section below.

THIS SECTION MUST BE COMPLETED BY ALL REGISTRANTS

Biological Father: _____

Biological Mother: _____

Address: _____
Street Address (Subdivision/Apt #/Lot#)

Address: _____
Street Address (Subdivision/Apt#/Lot#)

City, State, Zip

City, State, Zip

Employer: _____

Employer: _____

Home Phone #: _____

Home Phone #: _____

Work Phone #: _____ Cell Phone #: _____

Work Phone #: _____ Cell Phone #: _____

E-mail: _____

e-mail: _____

Living with student Yes No

Living with student Yes No

Step Mother: _____

Step Father: _____

Employer: _____

Employer: _____

Work Phone #: _____ Cell Phone #: _____

Work Phone #: _____ Cell Phone #: _____

e-mail: _____

e-mail: _____

EMERGENCY CONTACTS OTHER THAN PARENT/GUARDIAN

Parent/Guardian will be contacted before the names listed below (unless noted). Please list at least "**Two**" additional names of contacts.

First Contact (Name): _____

Second Contact (Name): _____

Relationship to student: _____

Relationship to student: _____

Daytime Phone: _____ Cell Phone: _____

Daytime Phone: _____ Cell Phone: _____

Third Contact (Name): _____

Fourth Contact (Name): _____

Relationship to student: _____

Relationship to student: _____

Daytime Phone: _____ Cell Phone: _____

Daytime Phone: _____ Cell Phone: _____

EMERGENCY EARLY DISMISSAL

In case of an emergency early dismissal should your child follow his/her normal dismissal plan: Yes No

If "no", state where the child should go: _____ Phone#: _____

Parent/Guardian Signature : _____ (please keep this information current)

TRANSPORTATION INFORMATION

Does your child need Bus Transportation? Yes No If "yes", please continue.

Will your child need transportation to an alternate address, within the district, before and/or after school: Yes No
If "yes", please complete the Transportation Request Form.

MEDICAL INFORMATION

Do you anticipate your child will need medication administered at school? Yes No
(If "yes", please complete Medical Packet.)

Does your child have any health care needs? Yes No If "yes", explain: _____

Does your child have any life threatening allergies? Yes No
(If "yes", please complete Medical Packet)

SIBILINGS

Name	Grade/Age
_____	_____
_____	_____
_____	_____

OTHERS LIVING IN THE HOME

Name	Relationship
_____	_____
_____	_____
_____	_____

